

**State of Tennessee
Department of Children's Services
7th Floor Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999**

**CSA - NEEDS ASSESSMENT
Standard Claim Invoice Instructions**

- **EFFECTIVE: May 2005 (Revised)**
- **Form must be typed.**
- **Vendor Name** = The name of the organization that will receive payment.
- **Vendor Address** = The address of the organization that will receive payment.
- **City** = The name of the city where the organization is located that will receive payment.
- **State** = The state where the organization is located that will receive payment.
- **Zip** = The zip code where the organization is located that will receive payment.
- **Vendor Tax ID** = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information. Be sure to include your contract number.
- **Provider Code** = Must be one of the following two digit codes:

FF = Flex Funds- Needs Assessment
- **Contract Number** = Assigned by DCS and must match the contract number for the vendor requesting payment. **See Attachment C** for a list of contract numbers. There must be a contract number on all invoices. Multiple contracts cannot be combined on an invoice.
- **Rate** = Leave blank.
- **Vendor Signature** = An original signature is required on each individual page of the standard claim form from the provider.
- **Print Name** = The printed name of the person signing the vendor signature on each individual page of the standard claim form.
- **Date Signed** = The date in MM/DD/YY format, including slashes, that the vendor signature was obtained.
- **Phone** = The phone number including area code of the person signing the vendor signature.
- **Service Provider** = The person or company that provided the service(s) or whom was reimbursed.

- **Total Amount of All Pages** = This amount must equal the total of all pages that make up this invoice. An invoice can equal one or more pages but not more than one contract. Do not combine more than one contract on an invoice.
- **Last Name** = Child's last name for whom the goods and/or services were provided. If not child specific, the last name will be the region. Example: East, Northeast, Southeast, etc.
- **First Name** = Child's first name for whom the goods and/or services were provided. If not child specific, the first name will be the word: **ASSESSMENT.**
- **MI** = Child's middle initial for whom the goods and/or services were provided. If not child specific, the middle initial will be: **N.**
- **Child SSN** = Child's social security number for whom the goods and/or services were provided. If not child specific, the social security number will be left blank.
- **Birth Date** = Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YYYY format including slashes. If not child specific the birth date will be: 01/01/03 (or current fiscal year you are billing for). This must be MM/DD/YY format including slashes.
- **Sex** = Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided. If not child specific the sex code will be **M**.
- **Proc Code** = See Procedure Codes on Attachment A (Child Specific) and Attachment B (Non-child specific)
- **Allot Code = 30** = Custody

NOTE: A COPY OF THE INVOICE(S) PAID, AND THE AUTHORIZATION REQUEST MUST BE ATTACHED TO THE STANDARD CLAIM INVOICE FOR PAYMENT TO BE RENDERED.

- **County Code** = The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Coker	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N** = A “collective fund account” (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. This box will always be **N** for the provider code in these instructions.
- **Vendor Invoice #** = The warrant/check number where the service was paid for by the CSA for goods and or services purchased. Maximum length is 10.
- **Service Start Date** = The date goods were purchased or the date a service rendered. This must be MM/DD/YY format. Including slashes
- **Service End Date** = The date goods were purchased or the date a service ended. This must be MM/DD/YY format including slashes. Note: Both the service start date and the service end date must be completed even if they are the same date.
- **Unit** = For this provider code **FF**, which is reimbursed based on actual cost the unit is always 1.
- **Amount** = For this provider code **FF**, the amount is actual cost.
- **Page __ of __** = The first blank equals the current page number and the second blank equals the total number of pages in the invoice.
- **Page Total** = The page total must equal the sum of the amount column.
- **DCS Case Manager** = LEAVE IT BLANK.
- **Date** = LEAVE IT BLANK.
- **Position #** = LEAVE IT BLANK.
- **Print Name** = LEAVE IT BLANK.
- **Phone** = LEAVE IT BLANK.
- **DCS Case Supervisor** = LEAVE IT BLANK.
- **Date** = LEAVE IT BLANK.
- **Position #** = LEAVE IT BLANK.
- **Print Name** = LEAVE IT BLANK.
- **Phone** = LEAVE IT BLANK.
- **DCS Case Signature** = LEAVE IT BLANK.
- **Date** = LEAVE IT BLANK.
- **Position #** = LEAVE IT BLANK.
- **Print Name** = LEAVE IT BLANK.
- **Phone** = LEAVE IT BLANK.

- **Pre-Audit** = The signature of the person performing the pre-audit.
- **Date** = The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person performing the pre-audit.
- **Print Name** = The printed name of person performing the pre-audit.
- **Phone** = The daytime phone number of the person performing the pre-audit.

Attachment A

(CHILD SPECIFIC)

Procedure Codes for Needs Assessment (FF)

Proc Code	Description
111	Child Sex Abuse Treatment Services
120	Child Development Services
140	Home Maker Services
160	Foster Care Daycare
170	Day Treatment
180	Day Treatment/Education
191	Sitter Services/Respite Care (Must have a schedule with field approval)
210	Risk/Truancy Intervention'
220	Case Support/Case Work Services
222	Intensive Family Preservation Services
224	Drug Screening
230	Psychiatric/Psychological Assessments
231	Educational Assessments
232	Other Assessments (That are not deemed medically necessary by MCO)
240	General Medical Hospital/When child is not Tenn Care Eligible
250	Psychiatrist/Related Professionals When child is not Tenn Care Eligible or services not deemed medically necessary by MCO.
251	Medical Physician/Related When child is not Tenn Care Eligible or services not deemed medically necessary by MCO.
260	Pharmacy/When child is not Tenn Care Eligible
267	Self-Esteem Building Activities
268	Individual Counseling/Therapy When Parent is not Tenn Care Eligible
269	Group Counseling/Therapy When Parent is not Tenn Care Eligible
270	Individual Counseling/Therapy When child is not Tenn Care Eligible for Child
271	Group Counseling/Therapy When child is not Tenn Care Eligible for Child
272	Parenting classes
273	Alcohol and Drug Counseling for child
275	Alcohol and Drug Counseling for Parent
280	Basic Education/Tuition
281	Vocational Education
282	Tutoring
28A	Tutoring for 1 st Sibling, but billed under child that used procedure code 282
28B	Tutoring for 2 nd Sibling, but billed under child that used procedure code 282
28C	Tutoring for 3 rd Sibling but billed under child that used procedure code 282
283	Other School Related
284	School Books

285	School Supplies
286	Field Trips
287	Special Education Aids
288	Graduation Expenses
290	Non Secure Transportation of Child
292	Parent/Guardian Transportation
293	Vehicle Repair
311	Mentoring
312	Recreational Activities
313	Reward, Incentives
320	Personal Items
331	Rent Assistance
332	Utilities (See breakdown for billing purposes)
33A	Electric Bill/Invoice
33B	Water & Sewage Bill/Invoice
33C	Gas Bill/Invoice
333	Groceries
334	Telephone Connection
33D	Telephone Bill/Invoice
336	Home Supplies/Repairs
337	Furniture
350	Attorney Fees
360	Court Costs
NE1	Northeast Region Placement, Support & Stabilization
NE2	Northeast Region Resource Home Recruitment Acceleration & Retention
NE3	Northeast Region Resource Family Support
NE4	Northeast Region Transportation
EA1	East TN Region Placement, Support & Stabilization
EA2	East TN Region Resource Home Recruitment Acceleration & Retention
EA3	East TN Region Resource Family Support
EA4	East TN Region Transportation
KN1	Knox County Region Placement, Support & Stabilization
KN2	Knox County Region Resource Home Recruitment Acceleration & Retention
KN3	Knox County Region Resource Family Support
KN4	Knox County Region Transportation
SE1	Southeast Region Placement, Support & Stabilization
SE2	Southeast Region Resource Home Recruitment Acceleration & Retention
SE3	Southeast Region Resource Family Support
SE4	Southeast Region Transportation
UC1	Upper Cumberland Region Placement, Support & Stabilization
UC2	Upper Cumberland Region Resource Home Recruitment Acceleration & Retention
UC3	Upper Cumberland Region Resource Family Support
UC4	Upper Cumberland Region Transportation
HA1	Hamilton County Region Placement, Support & Stabilization
HA2	Hamilton County Region Resource Home Recruitment Acceleration & Retention
HA3	Hamilton County Region Resource Family Support
HA4	Hamilton County Region Transportation
MC1	Mid-Cumberland Region Placement, Support & Stabilization
MC2	Mid-Cumberland Region Resource Home Recruitment Acceleration & Retention
MC3	Mid-Cumberland Region Resource Family Support
MC4	Mid-Cumberland Region Transportation
SC1	South Central Region Placement, Support & Stabilization
SC2	South Central Region Resource Home Recruitment Acceleration & Retention
SC3	South Central Region Resource Family Support
SC4	South Central Region Transportation
DA1	Davidson County Region Placement, Support & Stabilization

DA2	Davidson County Region Resource Home Recruitment Acceleration & Retention
DA3	Davidson County Region Resource Family Support
DA4	Davidson County Region Transportation
NW1	Northwest Region Placement, Support & Stabilization
NW2	Northwest Region Resource Home Recruitment Acceleration & Retention
NW3	Northwest Region Resource Family Support
NW4	Northwest Region Transportation
SW1	Southwest Region Placement, Support & Stabilization
SW2	Southwest Region Resource Home Recruitment Acceleration & Retention
SW3	Southwest Region Resource Family Support
SW4	Southwest Region Transportation
SH1	Shelby County Region Placement, Support & Stabilization
SH2	Shelby County Region Resource Home Recruitment Acceleration & Retention
SH3	Shelby County Region Resource Family Support
SH4	Shelby County Region Transportation
511	Foster Parent Training (Memo explaining the type of training and the people being trained must be attached as well as the approval email from Fiscal and a copy of the class roster) - <u>Foster Parent PATH Training is not valid for payment under this contract. All Staff/Provider Training will be non-child specific using procedure code 510.</u>

Attachment B

(NON-CHILD SPECIFIC)

510	Staff/Provider Training (Memo explaining the type of training and the people being trained must be attached as well as the approval email from Fiscal and a copy of the class roster) - <u>Foster Parent Training will be child specific using procedure code 511.</u>
-----	---

ATTACHMENT C

CSA	FLEX FUNDS NEEDS ASSESSMENT
NORTHEAST CSA	HNA00130
EAST CSA	HNA00230
KNOX CO CSA	HNA00330
HAMILTON CO CSA	HNA00430
SOUTHEAST CSA	HNA00530
UPPER CUMBERLAND CSA	HNA00630
MID-CUMBERLAND CSA	HNA00730
DAVIDSON CO CSA	HNA00830
SOUTH CENTRAL CSA	HNA00930
NORTHWEST CSA	HNA01030
SHELBY CO CSA	HNA01130
SOUTHWEST CSA	HNA01230